

Image

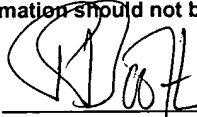
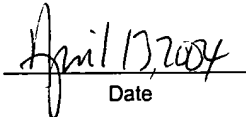
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PTO/SB/32 (10-01)

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| REQUEST FOR ORAL HEARING BEFORE THE BOARD OF PATENT APPEALS AND INTERFERENCES | | Docket Number (Optional) 40923-0069 (18733-1093) | |
|--|---|---|----------------------|
| I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Assistant Commissioner for Patents, Washington D.C. 20231" on _____. Signature _____ Typed or printed Name _____ | In re Application of Gary Griffiths | | |
| | Application Number 10/071,247 | | Filed 11 FEB 2002 |
| | For FLUORINATION OF PROTEINS AND PEPTIDES FOR F-18 POSITRON EMISSION TOMOGRAPHY | | |
| | Group Art Unit 1644 | Examiner P. Huynh | |
| Applicant hereby requests an oral hearing before the Board of Patent Appeals and Interferences from in the appeal of the above-identified application. | | | |
| The fee for this Request for Oral Hearing is (37 CFR 1.17(d)) \$ 290.00. | | | |
| <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee shown above is reduced by half, and the resulting fee is: \$ 145.00. | | | |
| <input type="checkbox"/> A check in the amount of the fee is enclosed. | | | |
| <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. | | | |
| <input checked="" type="checkbox"/> The Commissioner has already been authorized to charge fees in this application to a Deposit Account. I have enclosed a duplicate copy of this sheet. | | | |
| <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment to Deposit Account No. <u>08-1641</u> . I have enclosed a duplicate copy of this sheet. | | | |
| <input type="checkbox"/> A petition for an extension of time under 37 CFR 1.136(b) (PTO/SB/23) is enclosed. For extensions of time in reexamination proceedings, see 37 CFR 1.550(c). | | | |
| WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. | | | |
| I am the | |  Signature | |
| <input type="checkbox"/> applicant/inventor. | | | |
| <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96) | | | |
| <input type="checkbox"/> attorney or agent of record. | | Paul M. Booth, Ph.D. Typed or printed name | |
| <input checked="" type="checkbox"/> attorney or agent acting under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a) <u>40,244</u> . | |  Date | |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*. | | | |
| <input type="checkbox"/> *Total of _____ forms are submitted. | | | |

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